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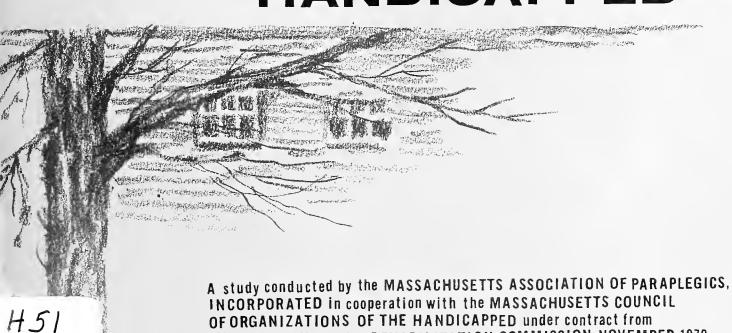
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HOUSING NEEDS OF THE HANDICAPPED



THE MASSACHUSETTS REHABILITATION COMMISSION NOVEMBER 1970





HOUSING NEEDS OF THE HANDICAPPED

A STUDY CONDUCTED BY THE

MASSACHUSETTS ASSOCIATION OF PARAPLEGICS, INCORPORATED

IN COOPERATION WITH THE MASSACHUSETTS COUNCIL OF

ORGANIZATIONS OF THE HANDICAPPED

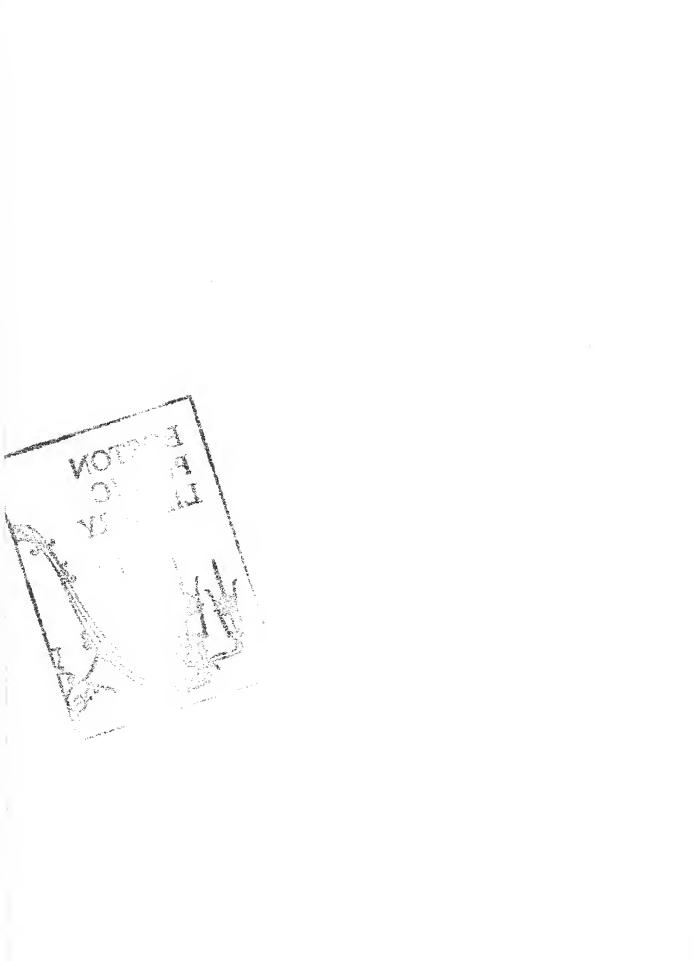
UNDER CONTRACT FROM

THE MASSACHUSETTS REHABILITATION COMMISSION

NOVEMBER 1970



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ACKNOWLEDGMENTS

The staff of the MAP Research Division would like to acknowledge a number of the individuals, State Agencies, and private organizations who participated in some way to the completion of this survey and study. The number and variety of contributors indicates the broad base of interest which the subject of suitable housing for the handicapped is generating. It is hoped that this report will serve as a catalyst to widen the number of concerned and bring about direct action to deal with this severe social problem.

Below is a list of those who have been involved, as individuals or organizations, and their role in supporting this project:

- The Massachusetts Rehabilitation Commission: under contract funds from the Commission and its Commissioner, John S. Levis, funding was provided to support this study and printing of the reports.
- The Massachusetts Department of Community Affairs: through this department, the late Commissioner Julian Steele and Miss Constance Williams provided the funds to cover mailing fees for the survey.
- The United Community Services of Greater Boston: the consulting assistance of Miss Jane Welsh, Mr. Donald Dobbin, and Mrs. Sandra Farrow in the preparation of the survey and its content.
- The Massachusetts Council of Organizations of the Handicapped:
 the member organizations of the Council provided a population
 base for the survey and generously donated time and effort
 to assist in mailing the survey and urging its return.
 Appendix B lists those involved in survey distribution.
- The Programming Systems Organization of Honeywell Information Systems: provided card punching facilities and computer time to process the data collected by the survey.
- MAP members involved in data reduction were: Mr. and Mrs. Romeo Limoges, Mr. James Durant, Miss Doris Sarkisian, Mr. Louis Marquart, Mr. Robert Harris and Mrs. Mary Bartels.

The staff of the Research Division has enjoyed working with those mentioned above and looks forward to continued cooperation. Many other individuals were involved but are too numerous to name. We thank them for their participation.

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INTRODUCTION

In this age of rapid communications, great social changes are taking place. The influence of the various media, especially television, is felt everywhere. The result of this new found ability to examine our environment is that all of us, regardless of social position, have become more keenly aware of both our own problems and those of other groups and individuals in society as well as the problems of society as a whole.

But as helpful as these various media are in helping us examine the human condition, they are even more powerful in promoting change. There are few minority groups which have not realized that today's technology has afforded them the ability to present their ideas and problems to the majority of the people in this country or even the world. Yet some of the most pressing and widespread problems of one of the largest minority groups, the handicapped, remain virtually unrecognized. This report deals with one of those problems - the lack of suitable housing for the handicapped.

There has been no trivial amount of time, effort, and money spent during the past decade to study the problem of housing for such disadvantaged groups as the poor, blacks and the aged. During this same period of time much effort has also been expended in studying and improving the rehabilitation system. It is only very recently, however, that the relationship between these two problems has become evident.

Even in this era of increasing technological advance, the exact analysis of dynamic social systems is not always possible. Seldom is one aware of all of the many variables which may effect what appears to be a well defined system. That this should be true within the rehabilitation system which is certainly one of this country's most complex social structures, is not surprising. Rehabilitation has developed within the past half century or less from an individual or family problem to a community challenge and finally, with the passage of the Vocational Rehabilitation Act of 1954, a national concern. It is only with the overview made possible by this development that the problem of housing for the handicapped becomes obvious.

This document outlines the problem of housing for the handicapped in the Commonwealth of Massachusetts. It examines the nature and extent of the problem as well as proposing steps which should be taken to alleviate it. It should be read keeping two points in mind as to why this problem should be corrected:

1. Financial. The expenditure of millions of dollars annually for rehabilitation services is justified by some by pointing out that it is less costly to rehabilitate the disabled to return them to productive lives than to maintain them as dependents of the state. Yet if the rehabilitation process stops short of this goal the result is only a waste of money.

and -

2. <u>Humanitarian</u>. The dedication of the people of this country to the humanitarian ideal of helping each individual achieve his potential has been clearly defined. Over the past two centuries this has become the mandate for the government. In the words of President Lyndon B. Johnson;

"Having the Power, We have the Duty."

Chapter II

THE PROBLEM

The recognition of housing as a problem area for the handica sped in this state, other than by those few individuals who were directly involved, dates back to 1965. It was at this time that the Massachusetts Association of Paraplegics was founded. Recognition at that time was due to the fact that many of the founding members of MAP had direct knowledge of the problem because of their own handicaps or those of relatives or friends. Apart from having a personal interest in the housing problem, there was also some evidence that this was a much larger problem than was officially recognized. In order to document the lack of housing, MAP undertook, in 1965-66, a study on its members' needs. Thus, the problems of 250 MAP members were surveyed with the following response to a question involving adequate living facilities:

Facilities Adequate - 59 %

Facilities Inadequate - 41 %

Because evidence gathered before the survey was conducted indicated that there was also a substantial need for some type of halfway housing, a question was included in the survey asking whether the respondents would be interested in moving into some type of halfway housing were it available.

The result was as follows:

Interested - 61 %

Not Interested - 39 %

The survey showed that the problem was indeed as widespread as had been estimated but it also showed that exact evaluation of the problem

would be much more complex than had been originally anticipated. The types of special facilities varied greatly as did the ability of the disabled to pay unless such a project were subsidized. Location of such a facility, if there were to be only one built, was also questioned.

In order to gather more complete data it was decided to conduct further studies. A second survey was conducted in the autumn of 1966 which included nearly 400 MAP members as well as those members of the New England Paralyzed Veterans who resided in Massachusetts

Following up on the information gathered by the first study, this survey classified housing facilities into three types, questioned special facilities and services, ability to pay and interest in moving into such a facility. The three types of housing facilities defined in the survey were:

- I. Apartment units for independent living for both individuals and families which would include any necessary special equipment.
- II. An apartment building with individual units as listed above but with special services, such as nursing, attendant, etc., available as necessary.
- III. Special care facilities for those not capable of independent living.

The results of this survey showed a definite need for each of these types but there was no overwhelming demand for any one type. Special facilities required included ramps, elevators, lifts, special bathroom and kitchen facilities, and protected parking. Services required were also varied with better than 60% needing some form of assistance on a daily basis. The range with regard to ability to pay was from forty to one hundred-sixty dollars per month, with the majority able to pay less than one hundred dollars per month.

Although the results of this second survey were much more conclusive and had provided MAP with a list of people who were definitely interested in moving into such a facility as soon as it was constructed, it was felt that definition of the housing problem as faced by a broad spectrum of the handicapped community was still lacking.

Before any further action could be taken, the Massachusetts Vocational Rehabilitation Planning Commission was established by Governor John A. Volpe to study the needs of all of the handicapped throughout Massachusetts in order to estimate future needs and plan required services and facilities. At this time MAP decided to suspend its studies of the housing problem in order to concentrate its efforts on examining many of the other problems of the handicapped so that a more complete view of the rehabilitation system as seen by the disabled could be presented to the Planning Commission. The question of adequate housing was not completely forgotten. A housing committee was established which has been working to establish a demonstration project in the greater Boston area. Because of evidence presented by MAP and other groups and individuals concerning the housing problem, the Planning Commission decided to study this area. The results of their work can be found in the report HELPING ALL THE HANDICAPPED. A summary of the recommendations regarding housing has been included herein as Appendix C.

The Planning Commission report points out the lack of much vital data relative to the problem of providing adequate housing for the disabled. Such information as number of units required, special facilities and services, ability to pay and interest in moving into such housing were it available is almost totally absent with the exception of information gathered in the above mentioned studies. Because it was necessary to obtain this information for all of the handicapped, the Massachusetts Council

of Organizations for the Handicapped decided, in the winter of 1969-70, to conduct a final study of the problem so that definite steps towards its elimination might commence.

That housing is a problem for the handicapped is not immediately evident to many people. There are essentially two reasons - architectural and financial. An architectural barrier is any design feature which prohibits the handicapped person from performing some activity. These may be features which have been included such as stairs, narrow doors and halla or they may be some feature which causes a barrier because of its exclusion such as a handrail on stairs or a ramp, special signals or signs perceptible to the blind or deaf. In a house these barriers may prohibit entrance or exit, use of bathroom, kitchen or other areas thus making it impossible for the handicapped individual to carry out the normal activities of daily living. Architectural barriers exist everywhere today but in no place do they limit the handicapped from achieving his full potential more than in the home.

There has been a great deal of discussion and legislative effort on both the state and federal levels concerning the problem of housing for the poor. For the most part, however, the handicapped are not considered among the poor. But by any measure - rate of unemployment, income level, cost of living - the handicapped would rank quite high among the definable groups which subsist at below the poverty level.

Essentially, then, housing is a problem for the disabled because very little housing is designed with the physical limitations of the handicapped in mind and that housing which is, or could be made usable is too expensive.

It would be impossible to appreciate the effect of the problem of a lack of adequate housing for the handicapped without considering a few individual cases. In each case outlined below, architectural barriers and/or inadequate financial resources resulting in a housing problem caused the efforts of the disabled person towards rehabilitation to be greatly limited or even totally destroyed.

Case 1 is that of a male quadriplegic, injured in a diving accident at the age of seventeen. He was originally hospitalized for two years during which time he was encouraged to make plans to continue his high school education and further training after his release. However, his family lived on the second floor of a multi-unit tenement and could not find other housing within their financial means. Thus, the individual was faced with living on the second floor to which there was no elevator or remaining institutionalized. He chose the former and although his family tried to get him out of the house as often as possible, they were not able to arrange any steady procedure to get him out to school or work on a regular basis.

Case 2 is that of a male paraplegic who immigrated to the United States from Cuba with two brothers about one year before his injury. During a period of hospitalization he had planned to return to the apartment with his brothers and to seek employment or further training. Since the apartment unit in which they had been living was inaccessible, the two brothers began looking for a new one about six months before his scheduled release from the hospital They were unable to find anything in the City of Boston within their financial means. As a result the individual was placed by the Hospital's social service department in a rest home. Follow up to this case more than a year later showed that both

the brothers and the social worker assigned to the case had been unable to find decent living facilities.

Case 3 is that of a female arthritic who became wheelchair bound as a result of a fall which broke a hip. At the time of her accident the woman had eight children between the ages of 2 and 13. Her husband was employed as a pressman during the day and as a guard part time evenings and weekends. Although the woman had been suffering from arthritis for some years prior to her fall, she was able to keep house and care for her children with no assistance. When it became apparent that she would be confined to a wheelchair, the family tried to find a ranch type home or one in which she would have some degree of freedom to move about but they were unable to find anything of the proper size. Thus they remained in their original home in which the kitchen and living facilities were on the first floor while the sleeping areas were on the second and third floors. Although the family made many attempts to remodel the home, get help for housekeeping and re-arrange things so that the woman would be able to care for her family, they were unsuccessful. As a result several of the children had to be sent to live with relatives thus creating emotional problems for the whole family.

The above examples are typical but they do not reflect the extent of the problem. In the original MAP study, 41% of those surveyed did not have adequate housing. In the present study only 51% said that their housing was totally adequate. This means that nearly one half of this state's approximately 190,000 handicapped people are living in inadequate housing. And although the number of handicapped people who are living in totally unacceptable facilities is much smaller, the problem is still more than large enough to demand immediate attention and correction.

Chapter III

GENERAL CHARACTERISTICS.

The survey form was sent to more than three thousand handicapped people throughout this state by those organizations and institutions listed in Appendix B. Included were all types of handicaps covering the widest possible spectrum of levels of disability, economic and social background. Whether or not every handicap was represented in proportion to its actual incidence has been impossible to ascertain because of the lack of any definitive statistics. This section considers the general characteristics of the sample with regard to age, sex, marital status, education and employment background.

AGE. The following chart gives an age distribution. Of those surveyed, 81% were in the 21-65 age group. Of the 19% remaining, more than 2/3 were in the under 65 category. The relatively small number of people over 65 reflects the fact that no special efforts were made to include the elderly in this survey even though they may experience many of the same housing problems as the handicapped. The reason for this decision was based on the belief that housing projects for the elderly in nearly every city and town of the Commonwealth has greatly lessened the problem of housing for the aged. Likewise the small number of young handicapped (under 21) should not be taken as an indication of a diminishing number of disabled young people. It reflects, rather the fact that no large effort was made to include this group at present because their need is not established in light of the fact that many of this group are still hospitalized or in school.

Table I

AGE DISTRIBUTION 1.

Age Group	Percentage of Sample
Under 21 21-29 30-39 40-49 50-59 60-64 65 and over	10 % 22 % 19 % 22 % 16 % 4 %

SEX. Table II gives a percentage breakdown with regard to sex. The higher percentage of males is due to the fact that traumatic injuries are more frequent among males. Also, some of the groups included in the survey, such as New England Paralyzed Veterans, are predominantly male.

Table II SEX

Male	53	%
Female	47	46

MARITAL STATUS Marital Status, size of household and several other related items were included in order to get some idea as to the different sizes of housing units required. Marital status of respondents is summarized in Table III.

Table III
MARITAL STATUS

Status	Percent
Single	5 3 %
Married	36 %
Widowed	4 %
Divorced/Separated	6 %

^{1.} The percentage for those who did not answer the question is not listed in this or subsequent tables.

EDUCATION. Education, as with any group, is a vital factor in employment status, which, in turn, may well determine a person's ability to acquire adequate housing. However, the fact that the handicapped people surveyed have a somewhat higher educational level than might generally be expected cannot be taken to imply that employment is less of a problem for this group. In fact, the opposite is true. Educational background is summarized in Table IV.

Table IV.

EDUCATION

8th Grade or less	18 4
High school grad.	28 %
9th - 11th Grades	14 %
Some college or Sp. Ed.	25 %
College grad.	7 %
Post grad.	6%

EMPLOYMENT STATUS. A summary of the results with regard to employment is given in Table V. Several items are significant with regard to employment and ability to pay for needed housing. Because of the higher cost of living for the handicapped, it is not likely that all of those employed full time would be able to pay the going rates for housing. Even if it is assumed that all of those employed full or part time as well as those who classify themselves as housewives and probably have working husbands, the majority (52%) are unemployed at present. It is also worthy of note that approximately 22% consider themselves as unable to work. Reasons for this attitude are many but chief among those given are physical problems, inability to get to and from a job and inability to function well enough in their own homes so that they consider outside work yet an extension of their domestic mobility problems. In other words, architectural barriers in the homes of many of those who say that they cannot work are the biggest

obstacles in getting out into society to earn a living.

INCOME. A question was included concerning household income, as opposed to individual income. This was done for two reasons: Many people are reluctanct to divulge any personal financial data and it was felt that since previous studies had indicated that most people who were interested in adequate housing desired to remain as a unit, this would be a better measure of ability to pay. Income is summarized in Table VI.

Table V.

EMPLOYMENT STATUS.

Employed (Full time)	31 🐐
Employed (Part time)	9 🕻
Seeking work	6 🕉
Housewife	9 %
Unemployed	17 %
Temporarily unemployed	2 %
Cannot work	22 %

Table VI.

INCOME.

Less than \$3000	27 %
\$3000-\$5999	21 %
\$6000-\$7499	11 %
\$7500-\$9999	13 %
Over \$10,000	18 🕉

Chapter IV.

DISABILITY SPECIFIC CHARACTERISTICS.

Included in this chapter are those items which are directly related to the fact that the respondents were handicapped as well as some of the effects of these handicaps upon their lives. This includes the type and cause of disability as well as functional impairment which results, specific housing related topics and mobility factors.

Type, Cause and Functional Impairment.

For some years most groups associated with the handicapped, as well as the handicapped themselves, assumed that the problems relating to their disabilities were unique for each type of disability. This has recently been shown to be false. For example, a polio paraplegic and a traumatic paraplegic both may be confined to a wheelchair and face the same problems during daily activities. Thus, the true measure of disability has very little to do with cause but should be measured by how effective a person is in carrying out activities of daily living. The survey contained two questions which were aimed at estimating functional disability . The first of these asked which types of adaptive equipment were required for daily living. The results, summarized in Table VII, showed that nearly half of those studied used a wheelchair while significant numbers also used crutches and braces. This indicates that the majority would fall into the most severely disabled category from the standpoint of mobility, having problems with architectural barriers and, hence, needing specially designed housing facilities.

Table VII.

RANKING OF REQUIRED ADAPTIVE ITEMS 2.

Device	Percent
Wheelchair	49 %
Crutches	29 %
Leg braces	27 🕏
Cane	11 🕉
Lift	9 🕏
Trunk brace	5 %
Walker	3 %
Artificial limb	3 %
Arm braces	1 %

In order to complete this picture of functional disability a question was asked regarding the individuals own perception of his functional capabilities. This was done by asking whether the individual considered himself as homebound, bedbound, and limited or unlimited in outside activity. Results are summarized in Table VIII.

Table VIII.

PERCEIVED FUNCTIONAL LIMITS.

Do you consider yourself-

12 %
1 %
59 %
26 %

Questions were also included concerning the type and cause of disability. Summaries of the rankings of each of these items are given in the following tables.

^{2.} Use of more than one type of adaptive equipment indicated by total greater than 100%.

Table IX

TYPE OF DISABILITY

Type	Percentage
Polio	26 %
Cerebral Palsy	17 %
Paraplegia	16 %
Quadriplegia	9 %
M. D.	7 %
Congenital defects	5 %
Arthritis	5 %
Spina Bifida	4 %
M. S.	3 %
Amputee	2 %
Blind	1 %
Hemiplegia	1 %
Hemophilia	1 %
Heart Disease	1 %
Ostomy	1 %

Table X.

CAUSE OF DISABILITY.

Birth	33 %
Accident	21 %
Illness	37 %
Others	9 %

MOBILITY FACTORS. Mobility, as used herein, has two distinct meanings. The first of these concerns the ability of the individual to transport himself wherever he desires or to obtain such transportation while the second deals with the willingness of the individual to move about for employment opportunity, improved housing or specialized facilities. It has been found that the ability to physically transport one's self, thus establishing a sense of independence, is strong motivation towards developing the willingness to seek new housing, employment and opportunity

Questions concerning ownership of an automobile, the ability to drive, the use of adaptive driving equipment and the use of taxi service were included. The results, summarized in Table XI, showed that fewer than half drive a car, the vast majority seldom or never use taxi service and, thus, remain virtually immobile.

The desire to use special educational facilities, if they were located nearby, was questioned. The response showed only 3% who thought that such facilities would be an advantage to them.

The willingness to move to another part of the state if special housing were provided near an educational or vocational training facility was questioned. Better than half were not interested in such a move. Only 16% would definitely be interested while the rest were uncertain.

Table XI

MOBILITY

I. Do you or those who live with you own a car?

Yes 78 % No 22 %

II. Do you drive a car?

Yes 42 % No 58 %

III. If you drive, is the car specially equipped?

Yes 29 % No 21 %

IV. How often do you use taxi service?

Almost every day. 5 %
Once or twice/week 9 %
Once or twice/month 17 %
Never 63 %

Two questions were also asked concerning length of time at present residence and consideration of moving in the future. While the majority indicated that they had lived at their present address for ten or more years, they also indicated that they would probably move from the present housing although most were not sure when this would occur. Results from these two questions are summarized in Table XII and Table XIII.

Table XII.

LENGTH OF RESIDENCE

Under 1 year	8 %
1 - 2 Years	8 %
2 - 5 Years	15 %
5 - 10 Years	15 %
10 or more years	52 %

Table XIII.

PLANS TO MOVE

Within one year	7 %
1 to 2 years	4 %
Definitely not	16 %
Probably, not sure	
when.	37 %
Probably not.	33 %

In essence then, the results of the above items show that the handicapped are not very mobile with regard either to transporting themselves or moving about to seek new employment, housing and improved facilities. In order to ascertain some ranking of just what factors would motivate the handicapped to move to another home a question was included concerning major factors which would influence a move. Results of this question are summarized in Table XIV.

Table XIV.

MAJOR FACTORS INFLUENCING A MOVE 3.

Finding a place suitable to your handicap.	55 %
Cost.	54 %
Access to family and friends.	29 %
Convenient to work.	30 %
Convenient to medical help.	20 %
Near public transportation.	14 %

^{3.} Respondents were asked to rank those factors which would influence a move. Percentages given are relative to the number answering the question.

Chapter V.

CONCLUSIONS AND RECOMMENDATIONS.

Two issues are central to the problem of adequate housing for the disabled - do they need more adequate housing because their present living conditions are not appropriate and are they willing to move into new housing if it is made available. With regard to the first issue, approximately half of those surveyed stated that their housing was adequate while the remainder said that their present facilities were partly or totally inadequate. On the second point 68% said that they were very likely or somewhat likely to move into suitable housing if it were available. Results of these questions are summarized in Tables XV and XVI.

Table XV.

QUALITY OF PRESENT LIVING QUARTERS.

Adequate 51 %
Partly adequate 30 %
Not adequate 18 %.

Table XVI.

WILLINGNESS TO MOVE.

Very likely to move. 38 % Somewhat likely to move. 30 % Not likely to move. 28 %

The need and desire for more adequate housing for the handicapped having been clearly established, there is still the problem of where such units should be located, what special services and facilities are required, the ability of the handicapped to pay, and the number of units which would be required.

In order to establish some idea of the number of handicapped people in each region of the state, as defined by the Vocational Rehabilitation Planning Commission, estimates were made based on the National Health Survey Data as used in the Planning Commission Report. Table XVII considers each of the seven regions of the state with regard to extrapolated number of handicapped, percentage of handicapped surveyed and projected need for more adequate housing. Table XVIII gives projected values for the number of people likely or somewhat likely to move into such facilities if they become available.

Table XVII.

REGIONAL PROJECTION OF HOUSING NEED

REGION	% SURVEYED	PROJECTED NEED
1	°16	2500
2	•37	3700
3	•77	3000
4	.34	7000
5	•73	2400
6	.63	8900
7	•39	4800

Table XVIII.

REGIONAL PROJECTION OF DESIRE TO MOVE.

REGION	<u>LIKELY</u>	SOMEWHAT
1	10800	7500
2	8100	8600
3	7600	4800
Ĭ ₄	13555	11300
5	7300	8300
6	15600	8300
7	8700	9100

The linear projections for the entire state show that about 33,000 people have inadequate facilities, 72,000 people would be very likely to move and an additional 58,000 would be somewhat likely to move.

In order to examine this issue more closely a correlation was made on the people who had inadequate facilities, stated that they would probably only move within their own present area and were very likely to move. The correlation showed that about 20% of the total in any given region would be likely to move into such housing were it available. Thus instead of 72,000 units the actual need would be in the order of 14 to 15,000. On a regional basis this would mean about 2,000 units of specialized housing for the handicapped.

Regarding the need for specialized facilities and services several questions were asked. The results of these are summarized in Table XIX and Table XX.

Table XIX.

RANKING OF REQUIRED DESIGN FEATURES.

Feature	Essential	Helpful
Elevators	1	7
Ramps	5	10
Railings at stairs	2	12
Wide doors	3	13
Special bathroom facilities	3 4	11
Special kitchen facilities	8	8
Common dining facilities	13	9
Shopping within building	10	1
Garage within building	7	3
Recreation fac. in building	3 11	2
Employment fac. in building	g 12	6
P. T. Facilities	9	5
Emergency call system	6	Ţţ

Table XX

RANKING OF REQUIRED SERVICES

Attendant care	19 %
Housekeeper	18 %
Visiting nurse	6 %
Meal delivery service	4 %

The question of ability to pay for adequate housing is somewhat misleading in that the majority of the handicapped are existing at sub-poverty levels. However, in order to establish some starting point a question was included within the survey asking what the limit of possible payment for housing might be. The results are summarized in Table XXI. As can be clearly seen, the majority can afford less than \$100 per month, which would indicate that any housing constructed for this purpose would have to be run on a low rent, subsidized basis if it hoped to benefit any significant number of the handicapped.

Table XXI

PAYMENT LIMITS FOR SPECIALIZED HOUSING

\$59/month or less	20 %
\$ 60 - \$ 79	17 %
\$80 - \$99	15 %
\$100 - \$ 139	17 %
\$140 - \$159	7 %
\$160 or more	9 %

Two additional questions were asked regarding type of housing units desired and choice of tenant population. Results from these questions are summarized in Tables XXII and XXIII.

Table XXII

TYPE OF HOUSING UNITS

Condominium	12 %
Cooperative	10 %
Regular rented apartments	32 %
Own home	34 %

Table XXIII.

TENANT POPULATION.

100% Handicapped	7 %
Handicapped & elderly	5 %
Handicapped & able 50/50	61 %
Handicapped & able 80/20	14 %.

RECOMMENDATIONS

The need for adequate, low cost housing for the handicapped exists throughout the state. Thus, any program designed to alleviate this condition will, of necessity, be extensive. However, as stated in the introduction, it would be even more costly in terms of wasted money and depreciated human values if nothing were to be done.

Although the passage of legislation, cooperation of many state and federal agencies, and the interest and support of local city and town officials is all necessary to successfully combat this problem, the actual needs of the handicapped can be easily defined. Thus, in order to focus attention on the basic problem itself, four straightforward recommendations are offered herein.

The order in which the first three areas are mentioned indicates a priority as established by the data collected during this survey. It will be the decision of the implementors to modify these proposals should the occasion demand.

1. APARTMENT UNITS FOR INDEPENDENT LIVING

Apartment units should be constructed in each area of the Commonwealth which would include those design features required by the handicapped as well as those services necessary to maintain or establish independent living. These units must be available on a low rent or subsidized basis which will be consistent with the ability of the handicapped tenant's ability to pay.

2. RENOVATION OF PUBLIC HOUSING

The renovation of all public housing as well as any new units being planned should consider the needs of the handicapped. Legal action should be taken to insure that standards for the elimination of architectural barriers are closely followed. Likewise, legislative action should be taken to enhance the eligibility of the handicapped for public housing.

3. INCENTIVES FOR PRIVATE CONTRACTORS.

As can be seen in the results of the survey a large percentage of the handicapped would like to live in their own homes. Thus, something should be done to induce private builders and industry to become involved in the solution of this problem. There are several alternatives from which to choose. Local builders can be given some tax incentive to build accessible homes, while a cooperative effort by the state, federal and local governments and banks could provide a low cost, insured loan program which would enable the handicapped to become homeowners and taxpayers.

Because of the scope of the problem of implementing such proposals is so vast, a fourth proposal is included specifically to promote immediate attempts at implementation.

4. ESTABLISHMENT OF A HOUSING COUNCIL

A council, or committee, consisting of legislators, rehabilitation people, housing and urban development experts, architects, construction and trades people, financial experts and

4. (Cont.)

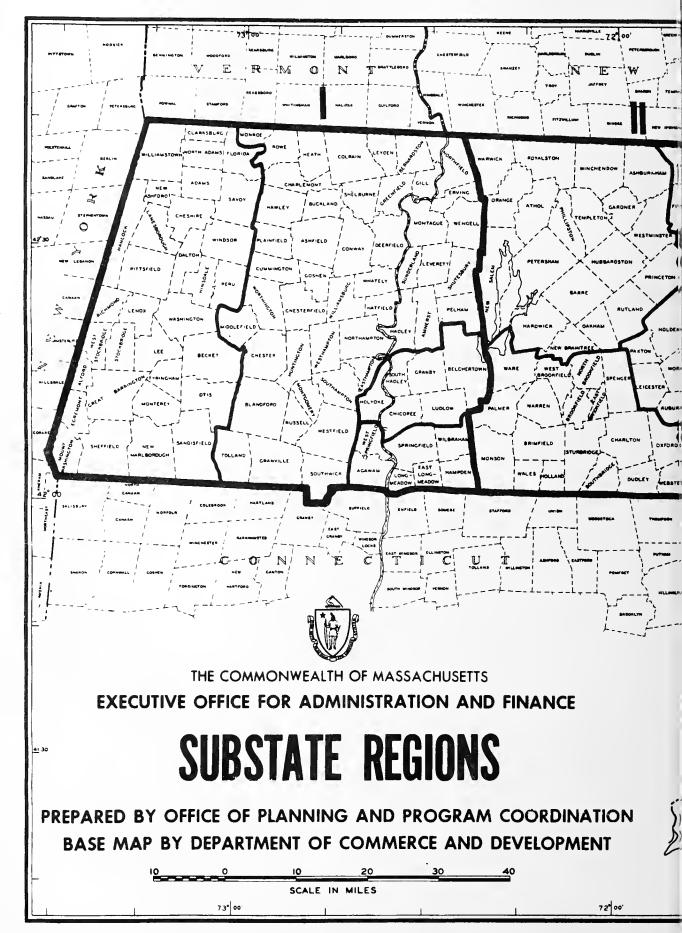
representatives of the handicapped should be immediately established to define a set of workable priorities based on the data collected in this study as well as other pertinent sources of housing information and commence to develop the legislative and social program necessary to eliminate the problem of housing for the handicapped.

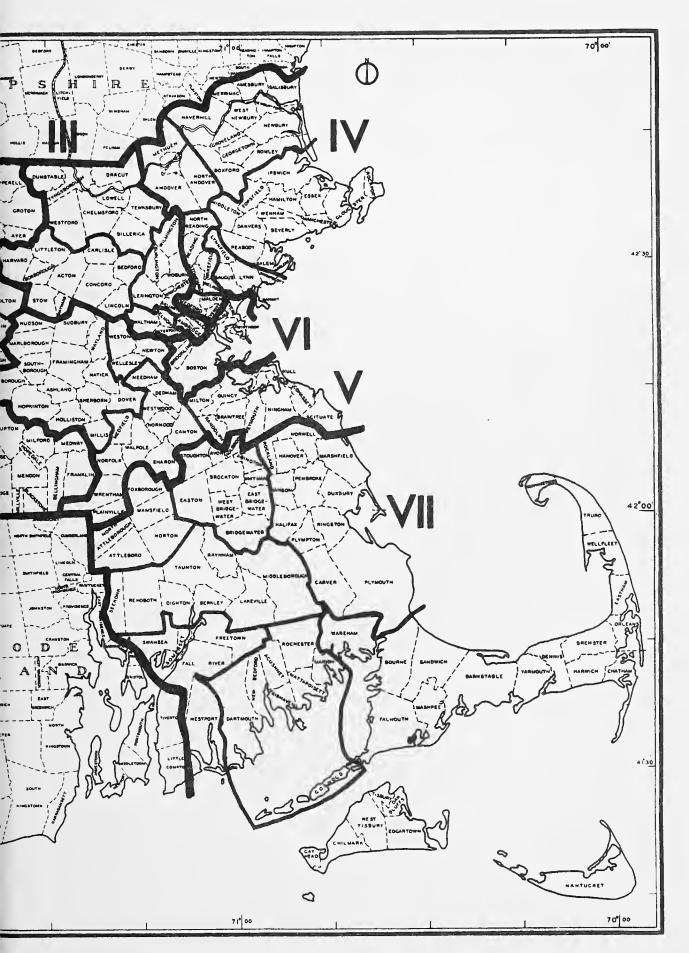
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APPENDIX A

- REGIONAL MAP OF MASSACHUSETTS
- STATEWIDE SUMMARY OF SURVEY RESULTS
- REGIONAL SUMMARY OF SURVEY RESULTS

The summary results of the survey are included in the following pages. The summary for the entire state is given first by question and frequency with which an item under the question was checked. Each survey question has a number and each item under a question has a number (given in parentheses on the questionnaire). Column one of the table gives the question number and the remaining columns give the item number. Summaries for the regions of the state as defined in the map that follows (prepared by the Office of Planning and Program Coordination, of the State Department of Administration and Finance) are given in the pages that follow. Much of the data generated for the individual regions has not been summarized in this report and will serve as important source data for those who wish to study the problem by regions. The data collected by this survey gives much information on the characteristics of the disabled which has not been studied within this report because it is not crucial to the housing problem. The source data collected by this survey may be available by arrangement with the MAP Research Division. A total of 951 respondents is the basis of this survey.





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APPENDIX B

PARTICIPATING INSTITUTIONS AND ORGANIZATIONS.

The following groups participated in the distribution of the survey forms to more than three thousand handicapped throughout the state.

MASSACHUSETTS ASSOCIATION OF PARAPLEGICS, INC. INDOOR SPORTS CLUBS MASSACHUSETTS HOSPITAL SCHOOL ALUMNI ASSOCIATION. INDUSTRIAL SCHOOL (BOSTON) ALUMNI ASSOCIATION. ACHIEVEMENT CLUB OF LOWELL. UNITED CEREBRAL PALSY (BOSTON). UNITED CEREBRAL PALSY (SOUTH SHORE) SOUTH SHORE HANDICAPPED ASSOCIATION. NEW ENGLAND HEMOPHILIA ASSOCIATION. HAND, INC. Q. T. (OSTOMY ASSOCIATION) MUSCULAR DYSTROPHY ASSOCIATION. PARALYZED VETERANS OF AMERICA (NEW ENGLAND CHAPTER). WORCESTER REHABILITATION CLINIC. LEMUEL SHATTUCK HOSPITAL. BOSTON UNIVERSITY MEDICAL CENTER. NEW ENGLAND MEDICAL CENTER. HOLY GHOST HOSPITAL. RUTLAND HEIGHTS HOSPITAL.

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APPENDIX C

RECOMMENDATIONS. *

BASIC REQUIREMENTS

Adequate housing should be available for disabled persons in every service area. Such housing should emphasize the following:

- a. Integration of disabled and nondisabled tenants whenever feasible.
- b. Freedom from architectural barriers.
- c. Provision of supportive services where needed to enhance independent living.

AREA PROGRAM FOR HOUSING THE DISABLED

An area housing program should be developed jointly by each area office of the Massachusetts Rehabilitation Commission and Mental Health Retardation Center to insure that adequate housing and related services are available for all disabled people.

POSITION OF AREA HOUSING COORDINATOR

A housing coordinator should be designated in every area office of the Massachusetts Rehabilitation Commission with experience in housing and community organization, to secure housing needed by clients, to stimulate the development of various public and nonprofit housing programs, and to develop various forms of housing and supportive services as needed by disabled persons living in the community.

HOUSING ADVISORY COMMITTEE

A housing advisory committee should be established by each area rehabilitation board to assist the area housing coordinator in surveying the need for housing and related services; in locating available housing, service personnel and foster homes; and in generally stimulating the expansion of housing resources.

POSITION OF STATE HOUSING SUPERVISOR

The new position of state housing supervisor should be established in the central office of the Massachusetts Rehabilitation Commission to provide guidance and information to area housing coordinators about available housing programs and resources for the disabled and to assist the area staff in their relations with public and private agencies interested in housing for the handicapped.

DEPARTMENT LIASON

Every state department and agency dealing with problems of housing or with disabled persons should designate one qualified staff member in their central office to provide information to state and local housing coordinators and to facilitate the use of their agency's services by other agencies and by individuals.

^{*} Recommendations are taken directly from the report entitled "HELPING ALL THE HANDICAPPED" as prepared by the Massachusetts Vocational Rehabilitation Planning Commission, 1968

APPENDIX C. RECOMMENDATIONS. (Cont.)

ELIGIBILITY FOR PUBLIC HOUSING

Regulations of the Massachusetts Division of Housing, Department of Community Affairs, restricting the eligibility for low income public housing to families of two or more persons should be changed to permit occupancy by an unmarried individual.

USE OF PUBLIC HOUSING BY THE DISABLED Massachusetts law governing eligibility for housing projects for the elderly should be amended to conform to the federal law to qualify all handicapped persons for such projects regardless of their age of family status.

Local public housing authorities should accomodate larger numbers of low income disabled persons in public housing by:

- a. Increasing the use of leased housing programs.
- b. Accommodating more disabled persons in housing for the elderly.
- c. Removing architectural barriers from units of public housing.
- d. Insuring that in new public housing where there is no elevator, apartments on the first floor are free from architectural barriers and where there is an elevator all apartments are free from architectural barriers.
- e. Establishing a clearer policy for deducting high medical and transportation-to-work cost before computing income for eligibility and rent purposes.

USE OF AVAILABLE FEDERAL AND STATE PROGRAMS Planning, construction, or remodeling of housing for the disabled should be stimulated by state and area housing coordinators through appropriate federal and state programs.

Limited divided housing corporations, Model Cities programs and Federal Housing Authority mortgages could provide such assistance.

Area housing coordinators should assist handicapped persons in securing necessary resources and in obtaining consent of landlords as well as any required permits and licenses.

APPENDIX C. RECOMMENDATIONS (Cont.)

HOUSING TO SUPPORT TRAINING AND EMPLOYMENT Group homes, hostels, dormitories and other forms of housing, which are free from architectural barriers and provide some supervision and assistance if needed, should be available for disabled persons who could not otherwise utilize training or sustain themselves in employment.

Public and private vocational rehabilitation agencies should investigate the potential use of such resources as a part of their services and of their followup procedure for clients placed in employment by them.

When appropriate, such housing should be a component of the specialized housing for the severely disabled recommended in the section on Architectural Barriers, and should be provided in close proximity to available services.

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APPENDIX D

	Extrapolation from The National Health Survey of Physically and Emotionally Dis- abled Persons Between 5 and 64	Retarded Students in Special Classes	Estimated Number of Non Special Class Retardates	TOTAL	RANK
BAR NSTABLE	3,105	231	330	3,666	29
BERKSHIRE	3,842	264	412	4,518	23
BOSTON:					
BROOKLINE-BRIGHTON	8,558	712	908	10,178	4
GOVERNMENT CENTER	7,287	602	768	8,607	8
ROSLINDALE	8,634	702	916	10,252	3
ROXBURY-DORCHESTER	5,787	482	614	6,883	12
SOUTH BOSTON	2,813	234	300	3,347	31.
BROCKTON	5,469	509	580	6,558	15
CAMBRIDGE	7,767	196	820	8,783	6
CONCOR D	1,517	106	160	1,783	37
DANVERS	7,653	291	812	8,756	7
FALL RIVER	5,142	320	546	6,008	16
FITCHBURG	4,759	374	510	5,643	21
FOXBOROUGH	2,396	150	254	2,800	36
FRANKLIN-HAMPSHIRE	3,846	144	408	4,398	25
GAR DNER	2,599	200	276	3,075	34
GRAFTON	3,647	340	386	4,373	26
HAVERHILL	3,440	335	364	4,139	28
HOLYOKE	6,080	489	644	7,213	11
LAWRENCE	2,817	232	298	3,347	31
LOWELL	6,214	355	658	7,227	10
LYNN	5,364	25	568	5,957	18
MALDEN	6,502	28 8	690	7,480	9
MEDFIELD	5,0 89	29 9	540	5,928	20
MYSTIC	5,187	25 7	550	5,994	17
NEW BEDFORD	5,614	584	596	6,794	13
NEWTON	5,176	229	548	5,953	19
PLYMOUTH	2,394	252	254	2,900	35
QUINCY	9,324	620	988	10,932	2
READING	3,660	198	388	4,246	27
SOUTHBRIDGE	3,780	322	400	4,502	24
SPRINGFIELD	7,578	696	840	9,114	5
TAUNTON	2,926	227	312	3,465	30
JALTHAM	4,817	251	510	5,578	22
WESTBOROUGH	5,704	411	604	6,719	14
WESTFIELD	2,799	272	296	3,367	33
WORCESTER	9,406	554	998	10,958	1
TOTAL	188,642	12,783	20,050	221,441	

^{*} This table is taken directly from the report "HELPING ALL THE HANDICAPPED" prepared by the Massachusetts Vocational Rehabilitation Planning Commission, 1968.

APPENDIX E

- SURVEY COVER LETTER
- SURVEY QUESTIONNAIRE

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MASSACHUSETTS COUNCIL OF ORGANIZATIONS FOR THE HANDICAPPED

34 GLENWOOD ROAD SOMERVILLE, MASS, 02145

HAROLD S. REMMES President

ELMER C. BARTELS Vice President

LORRAINE BURKE Secretary

EDWARD THURSTON Treasurer

DAVIO HAYES Aset. to the President

RICHARD C. HIGGINS
Mutual Aid Institute Chm.

RAYMOND LIMOGE Administrative Asst.

ADVISORY BOARD

JOHN F. COLLINS, Chm. Mass. Institute of Technology

WILLIAM CARMICHAEL Industrial School for Crippled Children

EDWARD CONNOLLY

Boston College TAMARA DEMBO, PH.D. Clark University

JOHN McMorrow Boston Redevelopment Authority

MR. ROBERT PINK J.A. Pink & Son, Inc.

MISS JANE WELSH Services (Boston)

MEMBER ORGANIZATIONS

Mass. Association of Paraplegics (Boston)

Mass. Association of Paraplegics (Worcester)

Industrial School for Crippled Children Alumni Assoc. (Boston)

Mass. Hospital School Alumni Assoc. (Canton)

Indoor Sports Clubs

Lynn Chapter Malden Chapter Suffolk County Chap.

Achievement Club of Physically Handicapped (Greater Lowell)

United Cerebral Palay of Greater Boston, Inc.

South Shore Handicapped Assoc. (Braintree) New England Hemophilia

Association Handicapped Advancement

New England Divisioo New Bedford

Q.T., Inc. of Boston

Muscular Dystrophy Associations P.S. Greater Boston Chapters

Dear Friend:

"The handicapped must help themselves". That is why the organizations listed to the left have banded to-(You, yourself may belong to one or more of gether. these groups.)

As all of us are well aware, a physical disability, in most instances, calls for living quarters that are accessable. Many of us require modified entrances, kitchen facilities, bathroom fixtures, etc. to allow us to function with minimal difficulty. ing of this type is virtually non-existant.

The major project of our Council this year is to secure the necessary information to substantiate the need when we apply for funding. If our survey is successful, it could well mean the realization of this specialized housing in this area.

Whether you are presently in need of housing or not, please complete the enclosed questionnaire and return it immediately. I cannot stress strongly enough how vital a good return is to the entire handicapped population in the Commonwealth.

Thank you - Housing for the handicapped must be YOUR goal as well as ours.

Sincerely,

Harold S. Remmes

President

If you belong to more than one of the organizations which belong to the Council you may receive more than one questionnaire. If so, please give the extra to a handicapped friend and urge its return.

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(6) Rest Home

31. ARE YOU PLANNING TO MOVE FROM YOUR PRESENT RESIDENCE?	(1) Within a year (2) 1 to 2 years (3) Definitely not	(4) Probably, not sure when (5) Probably not	CHECK BELOW THOSE THINGS WHICH WOULD BE A MAJOR FACTOR INFLUENCING YOUR MOVING TO ANOTHER HOME.	32. Finding a place suitable to your handicap	33. Convenient to medical help34. Near public transportation	35. Convenient to work		THE CHART ON THE FOLLOWING PAGE CONTAINS SOME	OF THE THINGS WHICH MIGHT BE INCLUDED IN BUILD-INGS SPECIALLY DESIGNED FOR THE HANDICAPPED,	PI FASE CHECK APPROPRIATE BOX RESIDE FACH ITEM
ARE YOUR PRESENT LIVING QUARTERS ADEQUATE FOR		IF YOU HAVE SPECIAL NEEDS IN TERMS OF ENTRANCES, BATHROOM OR KITCHEN FACILITIES, WHICH HAVE NOT BEEN MET. WHAT IS THE MAIN REASON?	a]]		HAVE YOU EVER ATTEMPTED TO RENT FROM A PUBLIC HOUSING AUTHORITY?		HOW LONG HAVE YOU LIVED AT YOUR PRESENT RESIDENCE? (Circle appropriate answer)	(5) 10 or more yrs.	ELECTING YOUR	
ARE YOUR PRESENT LIVING QUARTERS ADEQUATED NEEDS (in terms of the architectural features)?	/ (3) No-	IF YOU HAVE SPECIAL NEEDS IN TERMS BATHROOM OR KITCHEN FACILITIES, WEBEEN MET, WHAT IS THE MAIN REASON?	Special facilities cost too much Special facilities difficult to install	others h the trouble no problems	IPTED TO REN	SS	IVED AT YOU	(4) 5-10 yrs.	WAS YOUR HANDICAP A FACTOR IN SELI	(2) No
RESENT LIV	(2) Partly.	E SPECIAL N OR KITCHEN WHAT IS THE	oecial facilities oecial facilities	Inconvenient to others Not really worth the trouble Needs are met - no problems	EVER ATTEN	Yes with success Yes without success No	HOW LONG HAVE YOU L (Circle appropriate answer)	(3) 2-5 yrs.	HANDICAP A	1
RE YOUR P	(1) Yes	F YOU HAV	$(1) \qquad \qquad S_{\mathrm{F}}$ $(2) \qquad \qquad S_{\mathrm{F}}$	(3) In (4) (5) (5) (7) (7)	HAVE YOU EVER ATTEI HOUSING AUTHORITY?	(1) Yes v (2) Yes v (3) No	HOW LONG	(2) 1-2	WAS YOUR HANDICAP PRESENT RESIDENCE?	(1) Yes
26. A		27. II B B			28. F		29. F	(1) Under	30. 1	

AS IT APPLIES TO YOUR NEEDS.

53. WHICH OF THE FOLLOWING SERVICES WOULD YOU REQUIRE? (Check most essential one) (1) Attendant care (2) Visiting nurse (3) Housekeeper (4) Meal delivery service (5) None of these	54. WOULD YOU MOVE TO A SPECIAL FACILITY ANYWHERE IN THE STATE IF IT WOULD FULFILL YOUR PHYSICAL NEEDS OR, WOULD THE FACILITY HAVE TO BE LOCATED NEAR FAMILY, FRIENDS, MEDICAL CARE, AND EMPLOYMENT? (1)Would move anywhere if needs met. (2)Would only consider in home area.	55. DO YOU OR THOSE YOU LIVE WITH OWN AN AUTOMOBILE? (1) Yes (2) No 56. DO YOU DRIVE A CAR? (1) Yes (2) No	57. IF YOU DRIVE, IS THE CAR SPECIALLY EQUIPPED? (1) Yes (2) No 58. HOW OFTEN DO YOU USE TAXI SERVICE?	(1) Almost every day (2) Once or twice weekly (3) Once or twice monthly (4) Never (5). DO YOU CONSIDER YOURSELF (check one) (1) Homebound (2) Bedbound (3) Limited outside activity (4) Unlimited outside activity
NOT REQUIREDHELPFUL		PREFERENCE		FORD PER MONTH neat, light, gas:
- ESSENTIAL	38. Elevators to all floors 39. Ramps for different levels 40. Railings at stairs 41. Wide doorways throughout 42. Special bathroom facilities 43. Special kitchen facilities 44. Common dining facilities 45. Stores and shops within building	46. Garage within building 47. Recreational facilities in building 48. Employment facilities in building 49. Physical therapy facilities 50. Emergency call system 51. CHECK APPROPRIATE BOX FOR YOUR PREFERENCE 51. NTENANT POPILIATION (Check one)	(1) Entire building for handicapped (2) Handicapped and elderly (3) Handicapped and able bodied 50/50 (4) Handicapped and able bodied 80/20	52. CHECK HIGHEST RENT YOU COULD AFFORD PER MY FOR SPECIALIZED HOUSING. (Includes heat, light, gas: excluding telephone). (1) \$59,00 or less (2) \$60.00 to \$79.00 (3) \$80.00 to \$79.00 (4) \$100.00 to \$139.00 (5) \$140.00 to \$159.00 (6) \$150.00 or more

check one)
IT STATUS (
PLEASE GIVE YOUR EMPLOYMENT STATUS
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PLEASE GI
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- Employed (Full time)
 - Part time employed $\frac{C}{C}$
 - Seeking work (3)
 - _Housewife (4)
- .Temporarily unemployed -Unemployed (5)છું
- _Cannot work (5)
- 61. IIOW LONG DOES IT TAKE YOU TO REACH WORK EACH DAY?

21-30
mins.

WOULD YOU BE INTERESTED IN EMPLOYMENT AT HOME?

(2) No_

(3) Maybe_

INTO CONSIDERATION ALL OF THE PREVIOUS QUESTIONS AND ANSWER ONLY AFTER DELIBERATE AND CAREFU BEFORE ANSWERING THE NEXT 3 QUESTIONS, TAKE CONSIDERATION.....

SPECIALLY DESIGNED FOR THE HANDICAPPED AND ASSUMING THAT HOUSING WERE BUILT THAT WAS CONFORMED TO YOUR NEEDS AND PREFERENCES, HOW LIKELY WOULD YOU BE TO MOVE IN? (with family, friend, or alone) 63;

- Very likely -
- (2) Somewhat likely.
- (3) Not likely.

WHO WOULD MOVE WITH YOU INTO SPECIALIZED HOUSING? Check all that apply.

66parents	68alone
65children	
sbonse	7other relatives or friends
64.	67.

WHICH OF THE FOLLOWING WOULD YOU PREFER? .69

- Cooperative (each tenant owns a share of the whole building and pays a monthly rent-type fee) Condominimum (each tenant owns his apartment) \overline{C}
- Regular rented apartment \mathfrak{S}
 - Own my own house <u>4</u>

WHERE DO YOU LIVE? 70.

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situation of the handicapped population in the Commonwealth of Massa-Thank you for completing this survey. The tabulated results could determine the course of action that will be taken to improve the housing chusetts. Now it is essential that you mail it back to us. In the event that you Somerville, Massachusetts 02145 Mass. Council of Organizations Miss Lorraine Burke, Secretary have misplaced the return envelope, just mail to: for the Handicapped 34 Glenwood Road

H51 M Mass. Rehab. Commission Housing needs of Handicapped.

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